| ٠. | | MIMS AS FILED - P | ARTI | | 10/002,979 |
|--|--|----------------------|----------------------|--------------|----------------------------|
| | FOR | (cojuma 1) | (Column 2) | 564044 5 | |
| ٠. | 6ASIC FEE (37, OFR 1.16(a)) | NUMBER FILED | NUMBER EXTRA | SMALL ENTITY | OR OTHER THAN |
| | LIOTAL CLAUGE | | - CATEATRA | RATE FEE | Survei GMIII |
| تمريد | 137 CFR 1.16(c)) | minus 20 = | | 5 | RATE FE |
| | INDEPENDENT CLAIMS | | · · · | 1 x s 25. | OR S |
| | | minus 1 = | | x s 100 | OR x 5 50. |
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| | If the difference in column 1 is less than zero, enter "0" in column 2. | | | +5:180 | |
| - 1 | . (1.44.40 | with zero, enter "0" | TOTAL | OR + 360 | |
| [| CLAIMS | AS AMENDĘD – PAI | | OR TOTAL | |
| - } | · (Colur | m= 44 | • | | <u> </u> |
| | « III CLA | IMS / | luma 2). (Column 3 | SMALL ENTITY | |
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| AME | COT CERP 1.16(b) | · Minus ··· | 5 1 | x 5 25 . | FEE |
| X | FIRST PRESENTATION OF WILL | Times | 2 | x s 100 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR/1.16(d)) + \$ 180= OR × \$ 200= | | | | |
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the including gathering, preparing, and submitting the completed application from to the USPTO. Fime will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1150, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO IHIS